Marriage Guidance Booklets—No. 4

HELP FOR CHILDLESS COUPLES

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THE
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The Marriage Guidance Booklets

These booklets are issued by The National Marriage Guidance Council. They represent the combined efforts of a group of experts and no pains are spared to make them clear and accurate. At the same time they are written in simple language so that ordinary people can understand them, and they are sold at a price which brings them within the reach of all.

Those who need guidance before marriage or help about marriage difficulties are invited to write to the Secretary, National Marriage Guidance Council, 78, Duke Street, W.1, for the name of the nearest Marriage Guidance Centre. All letters are treated as strictly confidential.

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HELP FOR CHILDLESS COUPLES

Most married people look forward to becoming parents as an event which will bring them great happiness. It is often a bitter disappointment, therefore, when in spite of all their hopes and expectations, there is no sign of a baby coming. The purpose of this booklet is to help these couples by explaining what may have gone wrong, and to advise them how to find out if it can be put right.

Nature's arrangements for bringing about the arrival of children are complicated. It is no wonder, therefore, that occasionally something gets upset and puts the machinery out of action.

Nowadays, however, these matters are much better understood than they were in the past. If in this booklet we try to explain roughly how the mechanism works, we shall see how medical treatment can sometimes help childless couples to achieve a baby of their own. Often such couples do not understand what can be done and so are unwilling to seek advice. We hope that the knowledge given here may be useful and encouraging.

To begin with, we must describe how conception is achieved in the case of normal and successful parents. We can then try to understand where troubles might arise, and follow the doctor's plan for spotting them and putting them right.

PART ONE :
How Conception Takes Place

Conception is the result of the meeting of a male seed cell from a man's sex organs with a female seed cell from a woman's. Nature's plans for starting a new human life are as follows :—

(1) The seed cells are produced in the sex glands of the male on the one hand and of the female on the other. These seed cells must be healthy, just as garden seeds must be good if they are to produce flowers.

(2) The male and female cells must meet in order to start a baby. To do this they have to travel along passages inside the bodies of the man and of the woman.

In the man, these passages are long and narrow. In the woman they are wider and shorter. Both men and women are provided with double sets of tubes, so that if one fails, conception can take place through the other. Even so, there should be no blocks in any of them, and no interruption. Disease or injury can cause obstruction, either partial or complete.

(3) The meeting of the cells is brought about through sexual intercourse. It is therefore important that this should happen normally. The husband must be able to play his active part and penetrate into the front passage (vagina) of his wife ; and she must be ready to allow it. The hymen, a ring of tissue which to a greater or lesser extent covers the entrance in a virgin, must be stretched so as to be out of the way, in order that the man's penis may fit right into the woman's vagina.

(4) The male seed must then find its way to the female seed, so that they can fuse together deep inside the woman's body. Thus the egg is fertilised and immediately begins growing to start a new life. In order that this may happen, the male seed must be active enough to make the journey which is necessary, and the female seed must be living and waiting for it.

(5) Lastly the egg must settle down in the lining of the mother's womb, where it is nourished and protected for about nine months until it is strong enough to be born, a human baby. The womb must be well developed in order to carry out its task. The lining must be in a healthy state—just as the soil for a seed must be good. The condition of this lining depends on a remarkable series of stimulating secretions from the sex glands. If these glands are at fault, medical science can help by using extracts which, up to a point, take the place of the secretions.

Now that it is understood what is necessary in order that a baby may be produced, it can be seen at once that, when things go wrong, both the husband and the wife will have to co-operate with the doctor, and both must be willing for certain examinations and tests to be made. They will need to be patient, and persistent too, in carrying out the doctor's advice.

For those who are interested in the details, the following paragraphs enlarge a little on the brief outline given above. Those who wish can miss out the next sections to " Preparation of the Seed Bed."

(1) Anatomy of the Sex Organs

(a) *Male.* It is well known that the man's sex glands or testicles are carried in the scrotum. There are two glands, right and left. Each consists of fine tubes with a packing of supporting tissue between. Both of these are very important. In the supporting tissue there are cells which even before birth begin to produce a substance called male hormone, which is absorbed straight into the blood. This travels round the body in the circulation and has the effect of making it a man's body, with all that is understood by that, as contrasted with a girl's or a woman's body. The fine tubes have a different task. From the age of about 12 onwards, their lining forms the seeds which grow until they are set free in the passages of the tubes. The seeds are like tiny tadpoles in shape, with a blunt head and a very active tail. The head is the business part of the seed. It carries the qualities of its ancestors in specks of protoplasm called chromosomes, the number of which (when the male seed is ripe) is half that of the ordinary cells of the body. It has the marvellous power of creating, in conjunction with the female cell, a new human being. The tail is coiled like a spring wire and can make the head move as fast as one inch in eight minutes. These male seeds are called spermatozoa, or sperms, for short, and they have the task of reaching the female seed cell in order to join with it.

(b) *Female.* A woman's sex glands or ovaries are in quite a different position from those of the man. They

lie inside her body guarded deep between the hip bones, one to the right, and the other to the left of the womb. Like the male glands they have two separate tasks. First, beginning before birth, they produce a special substance, the female hormone, which is absorbed at once into the blood stream and makes the body grow feminine. Second, they contain the female seeds or ova, corresponding to the man's sperms. There is this great difference, however. Whereas the male gland goes on producing fresh sperms till the man is very old, the female gland is packed with ova from birth, and produces no more later. Like the spermatozoa, when ripe each ovum contains half the usual number of chromosomes and carries hereditary characteristics. Some of these ova possibly grow at a slow rate throughout the later years of childhood, but at about the age of 12 or so, the growth is gradually quickened until one of them ripens completely and starts the rhythm of menstrual cycles. Thereafter, one ovum or egg ripens fully each month. This process goes on until the ova are all used up at the age of 45 to 50, when as a result the " change of life " occurs. Till then each ovum when fully ripe bursts its covering and lies free on the surface of the ovary. There it is usually found by the little fringes, like those of a sea anemone, which form the open end of a special trumpet-shaped tube called the Fallopian tube. These fringes waft it into the channel of the tube which leads into the cavity of the womb.

(2) How the Male and Female Seeds Travel

(a) *Female Seed.* In the woman, the tiny ovum is rolled along the Fallopian tube. Each woman has two of these tubes, one on her right side and the other on her left. They are about 5 inches long, quite thick, say the size of a No. 6 knitting needle or about one-third of an inch, with a channel big enough to admit a No. 16, except at the uterine end where it is narrower. There are fine hairs in the tubes which wave rhythmically, and muscles in the walls which contract, both helping to push the ovum along. The passages open into the top part of the womb itself. The uterus or womb is a hollow muscular organ about the size and shape of a pear, with the point of the pear facing downwards, and the exit or entry at the point.

About midway between two monthly periods, somewhere in this Fallopian tube, the ovum is ready to meet the sperm. By that time the sperm has already travelled a long way. Let us now follow its journey.

(b) *Male Seed.* We have seen that the sperms are manufactured in the fine tubes closely coiled up inside the testis, the sex gland of the man. They are turned out in millions, and slowly pass along the complex network of tubes, developing as they go, towards one large tube coiled upon itself and shaped like a comma, which is called the epididymis and which clings to the upper surface of the testis. There may be 1,000 feet of tube in one epididymis, so it is easy to imagine that blocks may occur somewhere as a result of inflammation

or accident. When the sperms have become larger and stronger, they emerge from the epididymis into a wider tube which is rather like a piece of whipcord. This is called the spermatic duct or vas. The vas leaves the scrotum and passes up into the groin close under the skin. Here it is somewhat exposed to injury by accident; but it soon plunges deep into the abdomen and passes on behind the bladder till it opens out finally into the urethra, the passage in the penis through which also urine is passed from the bladder. After traversing the vas the sperms reach little pouches called seminal vesicles, where they find food and fluid ready and where they await ejaculation. There are further glands such as the prostate at the base of the bladder and glands along the urethra which provide more food and fluid, helping to constitute the "semen" which is a combination of sperms and fluid.

(3) The Final Stage of the Journey

(a) *Sexual Intercourse.* When the man becomes sexually excited, he has an erection. This means that his penis becomes congested and stiff. If his wife is ready to receive him, he should be able to insert his penis into her vagina. Then, after a series of muscular movements, the semen is suddenly forced into the last length of his passages, the urethra, and so out of his body into that of his wife. That is for him the climax of sexual intercourse.

But when the penis has fitted into the woman's vagina and the fluid has been deposited at the inside end of it, the sperms have still a long way to go. So far, they have been carried in the fluid which has been squeezed on and on, by muscular action, to this point. Further progress depends on the sperms' own efforts. This is where their whipping tails and the energy which enables them to cover as much as an inch in eight minutes, become important.

(b) *The Meeting of the Seeds.* At ejaculation, some of the sperms are deposited directly on the lower pointed open end of the womb which here projects into the vagina. Most of the semen lies in a quiet pool below this. In the former case, it is easy to realise that the sperms have less distance to travel and therefore pregnancy is helped, but in both cases the sperms find the opening in the lower end of the womb, or cervix. In the cervix is a narrow channel of about three-quarters of an inch long, leading to the hollow centre of the womb itself. This hollow place is triangular in shape with the bottom point of the triangle at the cervix where the canal leads from the vagina. The other two points are at the openings of the Fallopian tubes, in one of which we left the ovum waiting. This tube is the place where at last the meeting between the two seeds takes place. The sperm has to propel itself up the canal through the cervix, along the inside wall of the womb until it finds the opening of one or other Fallopian tube.

(c) *Unioned Seeds.* Though millions of sperms start from the testis, very few reach the womb, and fewer still find their way into the Fallopian tube. Only one sperm unites with the egg and, fusing with it, fathers a new life. The full number of chromosomes is made up by the two sex cells added together. With their fusion, therefore, the child becomes an equal mixture of father and mother. Its sex depends upon one special chromosome in the spermatozoon.

(4) Life of the Embryo

The seed is now fertilised. What happens next? The sex of the baby has been fixed already, according to the type of sperm which has chanced to fertilise the egg; and the new life has begun to grow. The tiny ball is rolled out of the tube into the womb and there, if circumstances are favourable, it makes its nest in the lining of the walls of its first home. Blood vessels multiply in this lining until a new pancake-shaped organ, the placenta (seen after delivery as the "after birth") is formed. The mother's blood flows freely through the placenta and comes in contact with the baby's own circulation through the vein and artery which pass from it along the well-known "cord" to collect air and food and discharge waste matter. Thus the baby feeds and breathes, as it were, through its cord and the placenta. Accidents to the mother may cause separation of this very important organ by a blood clot forming between it and the wall of the womb, thereby cutting off the baby's nourishment

and resulting in its death. If either the embryo itself is not healthy or the lining of the womb is not what it should be, the growth will be faulty and miscarriage may result.

(5) Menstruation as Preparation of the Seed Bed

This brings us to the question of the changes in the lining of the womb or "endometrium." This is the tremendously important seed bed for our fertilised seed. So important is it that Nature has planned its renewal every four weeks during a woman's child-bearing years. This is the meaning of the monthly "period." The "show" consists of the lining cells of the womb which are shed because they are over-ripe, along with some escaping blood and mucus. The softened and swollen endometrium having become valueless, it peels off and is discharged through the cervix into the vaginal passage, and so out of the body. Following menstruation the endometrium reforms and reaches its full growth about the time of ovulation, and its best condition for reception of the fertilised ovum during the following week.

(6) Fertile Days

These are obviously facts of great importance to the childless wife. It means that conception is most likely to take place during the week which falls in the middle of the month extending from the beginning of one flow to the beginning of the next, a week of fertility which can be worked out with a fair degree of accuracy. It

may therefore be best for the husband to save up his semen for intercourse at this special time, particularly if there is any weakness in his production of sperms. On the other hand the glands work best when functioning regularly as stale seeds may have lost vitality.

(7) Pituitary Gland in Control

Some readers may be interested to know how these carefully timed changes are regulated. It is the task of a tiny gland, like a dried pea, which lives in the middle of the brain and works, as it were, the "controls." During the fortnight following the beginning of the monthly flow, this gland, the pituitary, produces a hormone, a special chemical messenger which, passing through the blood stream, makes the ovary put out its first secretion. This secretion causes the womb to grow its new lining while that month's egg is getting ready to break away. When the egg has burst its coverings, a new order comes from the pituitary gland which results in the formation of a yellow substance in these coverings, left behind in the ovary. The yellow stuff puts out a second secretion or hormone which either helps the fertilised seed, if present, to nest in the lining of the womb, or in the absence of conception simply has the effect of softening the lining until it is over-ripe and must be cast off. In due course the regulator stops the supply of hormone from the yellow material and starts the first secretion from the ovary again. If conception has occurred, the yellow stuff is increased, stopping the

development of another egg, and stimulating the growth of the placenta so that no menstruation follows. It is possible for a monthly period to happen when no egg cell has been released at all. But in that case there will be no yellow stuff and the endometrium will not be soft and over-ripe.

(8) Tests of Presence of Egg

To test this, a doctor can easily take a fragment of the endometrium and examine it under a microscope. He knows what the endometrium ought to look like when the yellow stuff has ripened it, so he can tell whether or not the ovary is producing egg cells properly.

(9) Temperature Changes

Another way of finding out whether ovulation is occurring or not, is by taking the temperature regularly at the same hour daily and charting it. At the time of ovulation there is always a small rise in a woman's temperature. It may be a whole degree but is often less, so that great accuracy is required. If in three or more successive months this rise of temperature is shown on the chart, and there has been no other cause for it, then it amounts to proof that the woman has produced eggs. Her monthly period will, generally speaking, turn up 14 days after this rise. The egg is believed to live at most for two days inside the tube and uterus ; the spermatozoa are thought to live up to three days. Thus

the most likely time for conception is in the days immediately after ovulation, when the egg is fresh. Intercourse should therefore take place a day or two before the calculated date of ovulation, and (also) during the week following.

PART TWO

How Treatment Can Help

Now let us consider what can be done in the case of a childless couple to find out what may have gone wrong in the mechanism and put it right. There is no fixed time when a couple should seek expert advice, but if they have tried for six to nine months to have a pregnancy without success, quite a lot of help can then be given before any special investigations need be carried out.

(1) Penetration

First of all the doctor will ask whether intercourse is comfortable and complete. Sometimes a couple have never understood that the penis should pass right into the woman's front passage. In virgins the entrance is partly covered by the hymen or " maidenhead," a fold of tissue which should yield to the pressure of the entering penis. Sometimes the hymen is tough and intercourse is never properly completed. The pain of attempting it sometimes frightens the wife so that her thighs stiffen and her muscles contract until penetration becomes impossible.

It is quite easy for a doctor to remove an obstructing hymen painlessly. It is sad when a wife does not realise this in good time. A woman of forty who had been married for fourteen years and did not know that intercourse was imperfect, was found to have a virgin hymen. That was the simple explanation of her childlessness. Had it been dealt with earlier she might have had a family.

Sometimes the husband fails in the power to penetrate. Sometimes the penis is inflamed. If so, a doctor should be able to find out the cause ; often it is psychological and will disappear after explanations. Some of these troubles are simply and clearly explained in other booklets in this series.

(2) Positions

The couple should try different positions for intercourse and use the one which is most comfortable and suits them best. Where the wife specially desires to encourage conception, it is important to keep the semen in the right place after intercourse. She can do this by lying on her back with a pillow under her hips and her legs drawn up. By remaining in this position for a while she will keep the pool of semen as close as possible to the cervix and so help the sperms to penetrate through the cervix into the womb. Sometimes dryness makes intercourse uncomfortable. A little K.Y. Jelly or other non-greasy substance can be used to lubricate the vaginal

entrance. If there is soreness with too much moisture, this may be due to a mild inflammation which ought to be treated by the doctor.

(3) General Health

Supposing, however, that there is no trouble of this sort. Intercourse is taking place satisfactorily and at the right times. The doctor will then ask about the wife's monthly periods. He can do a great deal towards making these regular by giving suitable gland extracts. These extracts must be carefully taken according to directions and patiently kept up for months. Sometimes the trouble is due to simple anaemia and is put right by medicine containing iron. Or the periods may have failed because of general ill-health which needs attention. The husband also may be affected by anaemia and in need of iron tonics. A great deal depends upon general health.

(4) Examination of Semen

We must always remember that a baby is born only as the result of the combined efforts and good seed of both husband and wife. Unless a simple cause of the childlessness is quickly found, it will certainly be necessary for a specimen of the husband's semen to be examined under the microscope. It is not always clearly understood that a husband may possess full sexual powers and produce plenty of fluid and yet that

fluid may not contain a single sperm ! Or, if the sperms are there, they may be dead or deficient or too feeble to play their proper part. It is possible to have the condition of the testis demonstrated by taking a specimen for examination under the microscope. The doctor may also need to make sure that the wife is duly producing egg cells. This can be tested in the ways already described.

Provided that there is no hereditary or severe general disease, poor seed can often be improved. A very successful policy is to restore vitality by taking a good long restful outdoor holiday together.

(5) Further Investigations

To follow up the investigations described above, the doctor may then have to investigate the inside parts of both the man's organs and the woman's. If he finds that they are not properly formed, or if there is displacement or injury due to past illness or accidents, a great deal can be done to correct the trouble. A block somewhere in the tubes of the man can sometimes be cleared by treatment or even short-circuited by the modern plastic surgeon. Displacement of the womb can be corrected often quite simply. The tubes leading from the ovaries to the womb can very easily be tested and often cleared by passing gas through them from the cervix. An X-ray photograph of the interior of the womb and its passages can be taken if there is some doubt

about their being well-formed and open. Sometimes an unsuspected simple tumour needs to be removed from the cervix, womb or ovaries. Much more often, treatment is needed for a chronic inflammation, especially of the cervix. This may be the source of an excessive secretion of material (known as " whites "), which not only may obstruct the passage of the sperms or block the canal into the womb altogether, but may contain substances which tend to destroy the sperms. Treatment can leave the cervix absolutely healthy.

(6) Repeated Abortion

One rather distressing kind of childlessness is that in which conception takes place but is followed by miscarriage. There are various causes for this. Deficiency of hormone secretion may be one. Unhealthy lining of the womb may be another. But the trouble may lie deeper, in the sperm itself or in the ovum.

(7) Venereal Disease

Venereal disease often results in childlessness. Gonorrhea can cause sterility in both man and woman, through blocking the passages, temporarily or even permanently. Syphilis affects the seed itself so that a child, if formed in the womb, may be too weak to thrive. Syphilis can, unfortunately, be inherited, although no one may have suspected such a possibility. It is therefore wise even in healthy people to have the blood properly tested to make

sure that there is no inherited and no acquired disease. Patient treatment, unless the trouble has gone too far, can cure even this difficulty.

(8) Natural Incompatibilities

There are some blood conditions, however, which by no one's fault but by sheer misfortune, may limit the family to the first child. This is due to some incompatibility between the blood of the father and mother, such as the Rhesus Factor. Subsequent pregnancies occur but may end in miscarriage or stillbirth. Sometimes a baby survives for long enough to be saved by a blood transfusion at birth. For this type of rare incompatibility no sure remedy has yet been found, though scientists are diligently seeking one.

(9) Under-development

We have seen that properly-developed sex organs are needed for complete marital intercourse. If the organs are not perfect, however, the defect can in many cases be improved so far that parenthood becomes possible. In a young man or woman improvement may sometimes be obtained without operation, by carefully-used gland extracts.

(10) A.I.H.

Sometimes the difficulty, for psychological or physical reasons, lies in the fact that husband and wife are making insufficient contact to enable the semen to be ejaculated

within the vagina. In that case, the semen can be applied by a doctor to the cervical canal. This is called artificial insemination of the wife by the husband—sometimes written A.I.H.

(11) A.I.D. Not Advised

In recent years a good deal of publicity has been given to another kind of artificial insemination. This is known as A.I.D., the difference being that the semen in this case is contributed by an anonymous donor other than the husband, and the whole procedure arranged privately by the doctor, though of course with the husband's approval and consent. This method is generally distasteful but has been used in cases where the wife is known to be normal and healthy, whereas the husband is quite incapable of producing seed which can provide her with a child.

Such a procedure raises very serious legal and moral questions. Many thoughtful people are strongly opposed to the whole idea. In view of these and other complications and difficulties, the National Marriage Guidance Council is unable to recommend A.I.D. as a solution to the problem of the childless couple.

(12) Adoption

A much wiser solution, where all else fails, is for the couple to adopt a baby. Married couples can often be very happy indeed with an adopted family, finding satisfaction for themselves in giving unselfish care and

love to the children and drawing closer to each other through their mutual interest in them. But people have to remember that children are not merely possessions. Each child has to be brought up as an independent person, belonging to itself and controlling itself. If this principle is respected, the love given to adopted children will bring its full reward, just as happens with wisely-brought-up children of one's own. Remember, too, that neither one's own children nor other people's are faultless.

Remember that a baby can neither be given away nor received without legal sanction. The legal requirements must be strictly observed, and great unhappiness may result for all concerned if they are ignored. Adoption should be done through the County Children's Officer or through a registered adoption society. Some of the largest are the National Adoption Society, 4 Baker Street, W.1., the National Children's Adoption Association, 71 Knightsbridge, S.W.1., and the well-known societies running children's homes ; but there are also many smaller registered and competent adoption societies.

(13) Fault may be with Husband or Wife

Statistics seem to show that the reason for a childless marriage is likely to be due to husband or wife equally. Sometimes both spouses are slightly below the average. The man may have weak sperms only, or a wife's ova may not ripen every month. This may not be obvious

without investigation. For instance, an active young farmer married a widow with a child by her first husband, but no further conception occurred. It turned out that his semen contained no sperms and the reason was that there had been inflammation of the testicles when the young man had had mumps. Women may have irregular monthly periods and yet have as many children as are wanted ; in other words, ovulation may be unpunctual, but nevertheless it occurs. Sometimes a specially fertile spouse makes up for a sub-normal partner. This is the kind of couple in which success is quite likely to follow treatment faithfully carried out, perhaps for months, because it can improve the organs up to the point of ability to play their part, always provided they are not altogether too poorly developed. The younger the couple, the more likely is medical treatment to be successful ; but this should not deter older couples from pursuing scientific treatment. A woman of 35 twice married and still childless, simply had the tubes blown through with the result that she conceived at the next ovulation.

(14) Treatment can be very Successful

The upshot is that a great deal can be done to help a childless couple. They should not accept the incompleteness of their married life until the situation has been properly investigated. The Gynaecological Clinics in Hospitals all over the country now undertake the

treatment of sub-fertility. Your N.H.S. doctor can send you to one if you wish. The National Marriage Guidance Council could give you information if you live in a remote district. Write to 78, Duke Street, Grosvenor Square, London, W.1. But do not either delay, or despair !

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BOOKS FOR FURTHER READING

(a) For the General Public

The Childless Marriage—Its Cause and Cure. By Dr. E. F. Griffith. Methuen. 8/6 (plus postage 6d.).

Other Booklets in this series :

1. *Sex in Marriage.*
2. *Sex Difficulties in the Husband.*
3. *Sex Difficulties in the Wife.*

The above are published by the National Marriage Guidance Council.

Their price is 6d. each, postage 2½d.

(b) For Medical Practitioners requiring more specialised information

Problems of Sterility in General Practice. By Jackson, Malleson, Stallworthy & Walker. Cassell. 17/6 (plus postage 8d.).

Sterility and Impaired Fertility. By Lane Roberts, Shannon, Walker, etc. Cassell. 24/- (plus postage, 9d.).

Human Sterility ; Causation, Diagnosis and Treatment. By S. R. Meaker. Baltimore, Williams & Wilkins. (U.S.A.)

These books are recommended by the Marriage Guidance Council, and can be obtained from booksellers or from The National Marriage Guidance Council Book Room at 78, Duke Street, Grosvenor Square, London, W.1. The Book Room, where these and other books are normally available, is open on week-days from 9 a.m. to 5 p.m. (Saturdays, 9 a.m. to 12 noon). If a book is temporarily out of print when ordered, our practice is to hold the remittance and post the book as soon as supplies come in from the publishers. We regret that book tokens cannot be accepted.

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General Principles of
MARRIAGE GUIDANCE COUNCILS

1.—That the safeguarding of the family unit as the basis of our community life is of vita importance to the future welfare of the nation.

2.—That the right foundation for this unit is permanent monogamous marriage, which alone provides satisfactory conditions for the birth and upbringing of children, for the expression of the function of sex, and for a secure relationship between man and woman.

3.—That it should be plainly acknowledged that the achievement of successful marriage is no easy task, but that sustained and disciplined effort is required to build up that physical, mental and spiritual harmony which alone can bring the relationship to its full maturity.

4.—That the right approach to marriage, and the choice of a partner, are matters of such paramount importance that it is a clear duty to the rising generation to provide its members with such instruction and guidance as may safeguard them from wrong attitudes and false judgments.

5.—That in addition an adequate course of more detailed preparation should be available to all who are about to marry.

6.—That the right basis for personal and social life is that sexual intercourse should not take place outside marriage.

7.—That it is a public duty to do everything possible to prevent the tragedy of the broken home, and the train of evils which it initiates, by the provision of sympathetic and expert treatment for the prevention and cure of marital disharmony.

8.—That parenthood normally brings to marriage, not only the fulfilment of its racial end, but also the achievement of one of its deepest satisfactions ; and that everything possible should therefore be done to promote fertile unions.

9.—That scientific contraception, while serving a purpose in assisting married couples to regulate the spacing of their children, becomes a danger when misused to enable selfish and irresponsible people to escape the duties and disciplines of marriage and parenthood.

10.—That is essential to bring about a state of society in which the welfare of the family shall receive primary consideration, and where parenthood shall no longer labour under social and economic disabilities.

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